DEPARTMENT OF HEALTH AND MENTAL HYGIENE ABILITY TO PAY SCHEDULE FY 2018 (MEDICAL DAY CARE SERVICES ONLY)

EFFECTIVE 07/1/17

GROSS ANNUAL INCOME

NUMBER OF FAMILY MEMBERS

BOTTOM	TOP	1	2	3	4	5	_	
0	5,880		MAY BE ELIGIBLE FOR MEDICAL ASSISTANCE					
5,881	6,380							
6,381	7,380				_			
7,381	8,556					_		
8,557	9,420						MEDICAL ASSISTANCE	
9,421	10,430		_				LINE	
10,431	12,060	10%		FEDERAL				
12,061	13,680	20%			POVERTY			
13,681	16,110	30%		_		LEVEL		
16,111	16,240	40%	30%					
16,241	19,110	50%	40%		_			
19,111	20,420	60%	50%	40%				
20,421	24,600	70%	60%	50%	40%			
24,601	28,780	80%	70%	60%	50%	40%		
28,781	32,960	90%	80%	70%	60%	50%		
32,961	37,140	100%	90%	80%	70%	60%		
37,141	41,320	100%	100%	90%	80%	70%		
41,321	45,500	100%	100%	100%	90%	80%		
45,501	49,680	100%	100%	100%	100%	90%		
49,681	+	100%	100%	100%	100%	100%		

NO ONE WILL BE DENIED SERVICE DUE TO INABILITY TO PAY.

THE FEE AS DETERMINED BY THIS ABILITY TO PAY SCALE SHALL BE THE PERCENTAGE APPLIED TO THE RATE PER DAY AS ESTABLISHED BY THE DIVISION OF COST ACCOUNTING & REIMBURSEMENT

A THERAPEUTIC FEE OF \$6.00 FOR A DAY OF CARE MAY BE ASSESSED FOR PARTICIPANTS TO BE SERVED UNDER THE OFFICE OF HEALTH SERVICES FUNDING AGREEMENTS.